

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 170
Registered No. 121

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Ruth Garrett { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate? <u>Yes</u>	6. Date of birth <u>6-27-1929</u> Month Day Year
5. No., in order of birth				

8. FATHER
Full name Walter Thomas Garrett

9. Residence
(Usual place of abode) Globe
If non-resident, give place and state. Ariz

10. Color or race
White

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Tombstone
(State or country) Ariz

13. Occupation
Nature of industry Laborer

14. MOTHER
Full maiden name Lorothy Sunshine Piquan

15. Residence
(Usual place of abode) Globe
If non-resident, give place and state. Ariz

16. Color or race
White

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Globe
(State or country) Ariz

19. Occupation
Nature of industry Housewife

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams

Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz

Month, day, year

Filed 7/10, 1929 H. E. Wightman
Registrar

273-627-415

This certificate must be made for each, and the number of order of birth stated.